

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1 ✓	4/2
2 ✓	1/03
3 ✓	8/03
4 ✓	-
5 ✓	-
6 ✓	-
7 0	-
8 ✓	-
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19 0	-
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31 ✓	-
32 0	-
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38	-
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41	-
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43 ✓	-
44 0	-
45 ✓	-
46 ✓	-
47 ✓	-
48 ✓	-
49 ✓	-
50 ✓	-

Claim	Date
Final	
Original	
51 ✓	1/05
52	9/03
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89 ✓	-
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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